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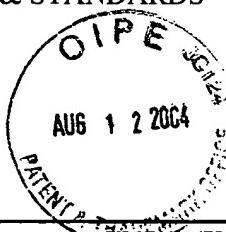
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G. Lamprecht	(Depositor's name)
<i>G. Lamprecht</i>	(Signature)
08/10/2004	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/082,865	10/19/2001	Reiner Koppe	DE000137	4959

TITLE OF INVENTION: TOMOSYNTHESIS IN A LIMITED ANGULAR RANGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/02/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MCCALL, ERIC SCOTT		2855	378-021000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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*JOHN VODOPIA*

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2

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
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- Issue Fee
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*8/6/04*

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